**FILED** Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90502 009 \*\*\*150.00

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1. Entity Name		l	ノー				
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and a state of the		(Else Gergletari Tresa	<u> </u>	ve Anti-Casa			
DO I	VOT WRITE	IN THIS SE	PAC	E			
	and the state of the state						
2. Principal Place of Business 3. Mailing Address 200 II Mediana							
200 W. Madison         200 W. Madison           Suite. Apt. #, etc.         Suite. Apt. #, etc.			DO NOT WRITE I	N THIS SPACE			
41st Floor         41st Floor           City & State         City & State				4. FE! Number	Apc	olied For	
Chicago, IL		Chicago, IL	_		36-3456158	Not	Applicable
60606	Country USA	60606	Count US	try A	5. Certificate of Status Desired	□ \$8.75 Addit Fee Required	
State of the state	1.00 mg/s	Transfer William		7. Name and Address of Current Registered Agent			
	W TON OC	RITEM			ation Service Compan  2.O. Box Number is Not Acceptable)	· <b>y</b>	
free Address 1965/ADRess	N THIS SP	A Transport of the Control of the Co		alleet Address (r	O. Box (volitibe) is Not Acceptable)		
					s Street, Suite 105		
		e igalek elektristik (		Tallahas	see	FL   32301	
8. The above named en the obligations of reg		the purpose of changing its	registere	ed office or register	ed agent, or both, in the State of Florid	a. I am familiar with, ar	nd accept
SIGNATURE	•						
Signature, typ	ed or printed name or registered agent a	nd title it applicable (NOTE	: Registere	d Agent signature required	when reinstating)	DATE	
After Ma	y 1 Fee is \$550.00				<ol> <li>Election Campaign Finance Trust Fund Contribution.</li> </ol>		May Be to Fees
Make Check Payable	to Florida Department of OFFICERS AND D		1082		<u> </u>		
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	go, IL 60606		:27, 28, 9	ST ZIP	La care		
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			Europe.	a contract of the second	USE DE CELEROPHE STATE OF THE FEET AND THE	<b>2000年,2007年,1907年</b>	<b>"我们是一个</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: